

RATING / EVALUATION FORM – DESIGN PLAN PROCESS

Design Exception

Consultant: _____

Route: _____

Des. No.(s): _____

Description: _____

Structure No.: _____

CN Project No.: _____

REVIEWER'S RATING ITEMS

Identification of Need _____

Analysis _____

Procedure/Compliance _____

Cooperation _____

Timeliness _____

5 = Excellent, 4 = Good, 3 = Marginal
2 = Poor, 1 = Unsatisfactory

Comments:

Are the revisions major? YES NO (Click On One)

Reviewer's Signature: _____ Date: _____